

Meeting: Primary Care Commissioning Committee

Meeting Date	23 March 2022	Action	Approve
Item No.	8	Confidential	No
Title	Alternative Provider Medical Services Locally Commissioned Service Review –Care of Residents at Approved Premises (Bradshaw House) and The Elton Unit		
Presented By	Zoe Alderson, Head of Primary Care		
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Clinical Lead	Dr Catherine Fines, Clinical Lead Primary Care		

Executive Summary

In 2017 the Clinical Commissioning Group (CCG) re-procured three additional locally commissioned services (LCS) as part of the Alternative Provider Medical Services (APMS) Tender which were the Elton Unit (Priory), Care of Residents at Approved Premises (Bradshaw House), Paediatric Venepuncture.

All APMS LCS service specifications expired on 31 March 2020 however, due to the pressures of Covid-19, the service specifications were extended and are now due to expire on 31 March 2022.

The following paper has been written to provide the Primary Care Commissioning Committee with a review of Bradshaw House (Appendix 1) and The Elton Unit (Appendix 2) services and to seek approval to decommissioned them as they are considered duplication of other services currently funded within general practice and are no longer required. A separate system review is taking place with regards to the future commissioning intentions regarding Paediatric Venepuncture.

Recommendations

The Primary Care Commissioning Committee is asked to:

- Receive the paper being presented
- Approve the decommissioning of Bradshaw House LCS
- Approve the decommissioning of Elton Unit LCS
- Allow the General Practice Leadership Collaborative (GPLC) to provide a recommendation for the reinvestment of funds released via the decommissioning of the services back into primary care

Links to CCG Strategic Objectives

SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input checked="" type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input checked="" type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>

Links to CCG Strategic Objectives	
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Alternative Provider Medical Services Locally Commissioned Services: The Elton Unit and Care of Residents at Approved Premises (Bradshaw House)

1. Introduction

- 1.1 In 2017 the Clinical Commissioning Group (CCG) re-procured three additional locally commissioned services (LCS) as part of the Alternative Provider Medical Services (APMS) Tender which were the Care of Residents at Approved Premises (Bradshaw House, Elton Unit (Priory) and Paediatric Venepuncture.
- 1.2 All APMS LCS service specifications expired on 31 March 2020 however, due to the pressures of Covid-19, the service specifications were extended and are now due to expire on 31 March 2022.
- 1.3 This paper has been written to provide the Primary Care Commissioning Committee (PCCC) with a review of Bradshaw House (Appendix 1) and The Elton Unit (Appendix 2) and services and to seek approval to decommissioned them as they are now duplications of other services currently funding with in general practice and are no longer required. A separate system review is taking place with regards to the future commissioning intentions of Paediatric Venepuncture

2 Care of Residents of Approved Premises Service (Bradshaw House)

- 2.1 The Care of Residents at Approved Premises (Bradshaw House) provides accommodation and enhanced supervision for particular offenders for one of the following reasons:
 - A condition of bail from the criminal courts
 - A condition of residence as part of a community order
 - A central condition of an offender's conditional release from prison
- 2.2 The LCS for Care of Residents of Approved Premises Service (Bradshaw House) aims to enable the Provider to deliver enhanced support to this particularly vulnerable group and is paid on block contract of £40,644.00, based on an estimated activity of 100 referrals per annum. Data submitted by the Provider shows the following number of patients registered in each Quarter of 2021/22:
 - Quarter 1 – 7
 - Quarter 2 - 7
 - Quarter 3 - 10
 - Quarter 4 – data pending
- 2.3 We do not have access to patient identifiable data, therefore, we are not able to determine if the patients registered with the Provider each quarter are cumulative or different patients, however, the total number of referrals for the financial year 2021/22 is much less than the estimated activity of 100 referrals per annum which is not a value for money proposition for a standalone LCS contract.

- 2.4 The requirements of the Bradshaw House LCS also duplicate services already available in general practice. The first requirement within the service specification states *“Every resident will be given the opportunity to register with the Provider on arrival at the hostel. If appropriate, some patients may wish to stay registered with their current General Practitioner.”* Patient Choice dictates that residents of Bradshaw House may register with any GP they wish. This does not have to be the current provider.
- 2.5 The service specification also states *“It is expected that residents will be able to consult the Provider in the same way as other patients in the surgery, with due regard given to any risks particular individuals may pose to staff. Please note Patients who are violent to staff can be referred into the Violent Patients Scheme, as with any other Registered Patient”.*
- 2.6 The duplications between the service provided to Bradshaw House and those available via general practice are outlined in Table 1 below:

Table 1:

Current Provider	Mitigation
Every resident will be given the opportunity to register with the Provider on arrival at the hostel. If appropriate, some patients may wish to stay registered with their current General Practitioner.	Patient Choice determines that patients may register with any GP they wish
The Approved Premises will assist in arranging access to, and transfer of, health records from prison facility or other health provider in support of the Provider. The Patients Registered GP records will be transferred by standard procedure.	This process would remain in place between Bradshaw House and the residents chosen GP
Each resident will be able to access general medical services and mainstream healthcare provision.	This process would remain in place between Bradshaw House and the residents chosen GP
When the patient arrives at The Approved Premises, they will complete a registration form and consent to share information. This will be faxed to the Provider which will then allow the Provider to register the patient.	This process would remain in place between Bradshaw House and the residents chosen GP
The Approved Premises will provide a risk score for the patient (Low, Medium or High) in relation to healthcare workers and females. If the risk is deemed as Medium or High then the Provider will liaise with the hostel gathering further information and agreeing a mutual plan taking the safety of staff and patients within the centre into consideration.	This process would remain in place between Bradshaw House and the residents chosen GP
Upon arrival at the Approved Premises, an initial GP appointment and ‘New Patient Health Check’ will be booked as part of the induction arrangements of the resident’s arrival at the Approved Premises (usually within 2 working	We have not had feedback from the current provider therefore we are unsure is this KPI is adhered to currently. We have sought a clinical view with regards to this KPI who has advised that this is not a requirement under

days of the patient registration form being received by the Provider). This is to detect serious risk of suicide or self-harm and any continuing health needs. The Provider should respond to any concerns caused by this initial screen quickly, the speed to be agreed after local discussion. The 'New Patient Health Check', will be GP Led.	the EHCH DES or within normal general practice therefore, is it a requirement of this service?
All Patients will be reviewed as clinically required.	All patients are reviewed as clinically required by general practice
The Provider will review the resident's immunisation history and offer appropriate immunisation e.g. hepatitis B, hepatitis A and catching up on immunisation such as MMR.	This process would be undertaken by any GP as part of a regular new patient registration
The Provider will provide services according to need or as seen as appropriate, either in primary care or by referring appropriately.	This is the normal practice of any GP
The Provider will support the Approved Premises to develop a close working relationship with a local pharmacy to enhance communication and continuity of patient's care providing Electronic Prescribing Services (EPS) wherever possible.	This is the normal practice of any GP
The Provider will work as part of multidisciplinary arrangements on risk assessment of an individual's placement in the Approved Premises (particularly in the management of re-offending). This will, in line with usual information sharing arrangements, be done on the basis of needs to know and, other than in exceptional circumstances where there is a significant risk to patient safety or the public interest, relevant medical information will only be shared with the valid consent of the resident. The Provider will be responsible for the transfer of the medical record, paper and electronic, to any future practice with which the Patient may register;	This is the normal practice of any GP
In the majority of cases, and where appropriate, the Patient will attend the Providers Premises with support from staff at the Approved Premises	This is the normal practice of any GP

3 Bradshaw House Provider Feedback

- 3.1 In order to seek wider input into this review, we contacted the current provider of the service for their comment however, the did not respond therefore, a paper was presented to the GP Leadership Collaborative (GPLC) to discuss the options for decommissioning Bradshaw House from a clinical perspective.

- 3.2 Whilst the GPLC supported the decision to decommission the service, the Clinical Director for Bury PCN felt that the provider needed to have their feedback incorporated into any recommendations presented to PCCC. On that basis, he approached the provider directly for their feedback and they advised that they have a dedicated GP for Bradshaw House, offering a bespoke service to patients residing in the specialist unit to manage their complex needs, expressing their concerns regarding the loss of continuity of care and a reduced service could harm the patients. We have not been able to ascertain if the GP role expands beyond Bradshaw House.
- 3.3 Following the GLPC meeting, we were able to make contract directly with Bradshaw House to gain their view on the service received. Table 2 outlines the feedback provided by the PIPE Approved Premises Manager for Bradshaw House which is a contrast to that received from the provider as it does outline several issues with the service they receive:

Table 2: Bradshaw House Feedback:

Overall Service	Generally, most of time the service received is good
Patient Registration	There are reoccurring issues with patient registrations which is time consuming as all Bradshaw House residents register with the provider practice unless they have been released from a short prison sentence, in which case they have their own GP
	The staff at Bradshaw House complete the patient registration form as soon as a patient arrives with them. The form is then sent immediately to the practice however, almost invariably, the practice state that they haven't received the form until someone looks into it and they then are able to find it. On this basis, there is always a delay with patient registration
Prescribing	There are ongoing issues with medication. If a patient has not been released with the right medications then this causes an immediate problem. This is compounded as the waiting time to be seen by the provider as when someone is waiting for a prescription it needs to be first sent to the chemist (patients at Bradshaw House are not allowed to have their own medications) and there is always a delay in the chemist receiving the prescription
	When Bradshaw House chase the provider for the prescription, they will advise that it is with the chemist but the chemist say it has not been sent through. This causes a lot of issues with the query bounding back and forth between the practice and the chemist before it is resolved
Appointments	The Manager of Bradshaw House recently made an appointment for a resident to be seen. The resident arrived at the practice to be told that he did not have an appointment, however, the Manager knows the appointment was made having done it herself
Provider Practice Contact	The Manager of Bradshaw House did advise one member of staff was a big help at the practice but if he is not working, contact with the practice is time consuming
	Bradshaw House are only able to contact the practice via the main switch and do not have a separate bypass number making contact sometimes difficult

	Bradshaw House do not have any regular meetings with the practice about service provision and only speaks to them when there is a patient involved however, last year Bradshaw House did need to speak with the Practice Manager to resolve a process issue and this was dealt with well but there has been no contact since
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3.4 Following this review, it has been determined that the services received by this group of patients does not differ from those received by and available to any person registered with a general practitioner.

3.5 On this basis it is the view of the CCG that the LCS for Bradshaw House is decommissioned. This would result in a £40, 644 potential Primary Care reinvestment. As the contract is coming to a natural end on 31 March 2022, there is no contractual requirement to serve notice, however, PCCC may wish to honor a 3 month notice in addition to outlining the reasons for the decommissioning of the service and thanking the provider.

4 The Elton Unit

4.1 The Elton Unit (Priory) is a 28-bedded adult continuing care unit for patients aged 18 years and over with an acquired brain injury, which under the terms of the LCS, receives additional general practice support in the form of:

- Weekly ward rounds
- Proactive care management including medication reviews

4.2 The contract is paid to the Provider on a block basis totaling £78, 873.60 based on an estimated activity of 48 patients per annum. Data submitted by the provider shows the number of patients in the Elton Unit who are registered with the Provider across each Quarter in 2021/22:

- Quarter 1 – data omitted from return
- Quarter 2 - 22
- Quarter 3 – 26
- Quarter 4 – data pending

4.3 As we do not have patient identifiable data at the CCG, it is difficult to ascertain if all of the patients in the Elton Unit are residents of Bury or if the patient numbers are cumulative month on month which would mean that the 48 patients per annum estimate for the block contract has been overestimated therefore offering little value for money as a LCS contract.

4.4 In addition to this, from 1st October 2020 the elements of care outlined within the LCS are extended to all Care Homes¹ including the Elton Unit as part of the Enhanced Health in Care Homes (EHCH) and Structured Medication Review and Medicines Optimisation

¹ A 'care home' is defined as a CQC-registered care home service, with or without nursing. Whether each home is included in the scope of the service is determined by its registration with CQC.

compulsory national service specifications that form part of the Primary Care Network (PCN) DES.

5 Elton Unit Provider Feedback

- 5.1 A paper was presented to PCCC January 2020 and Table 3 outlines the areas where the provider felt they added additionality to the Elton Unit LCS at that time, along with the CCG response:

Table 3: Provider Feedback - Elton Unit

Current Provider:	Mitigation
Has a long-standing relationship/knowledge of the facility which could potentially be lost if alignment was changed	The facility has been aligned to Bury PCN which includes the current provider. It is therefore within the gift of the PCN to maintain this established relationship
Provides prescriptions and medication reviews within the service	This would remain a requirement under the PCN DES
liaises with other agencies including social workers, district nurses and domiciliary care organisations supporting patients and their families with their care package. Other external agencies include the falls teams, physiotherapy and secondary care specialists involved in the care of specified individuals.	This would remain a requirement under the PCN DES
is focus on reduced admission to A&E and other urgent care services	This would remain a requirement under the PCN DES
Assists patients on a day to day basis by clinical technology to support their serious health conditions and aid recovery where appropriate.	This would remain a requirement under the PCN DES
will work outside working hours to ensure care requirements for these residents receive immediate response and no delays occur. This support remains in place 7 days each week.	This is not a requirement of the current LCS and would be expected to be picked up by out of hours services as with other primary care needs

- 5.2 We contacted the current provider again to seek their current view on any further additionality offered to patients of the Elton Unit in light of the introduction of the EHCH ES however, they did not respond to us directly.
- 5.3 The detail regarding the decommissioning of The Elton Unit was also presented to the GPLC for their clinical input into this decision and they supported the decision to decommission the service. The Clinical Director for Bury PCN approached the provider for their input and the same feedback was given for The Elton Unit as for Bradshaw House in that they provide a dedicated GP for the Unit, offering a bespoke service to patients to manage their complex needs, expressing their concerns regarding the loss of continuity of care and a reduced service could harm the patients. We have not been able to ascertain if the GP role expands beyond clinical input into the Elton Unit or if this is a separate GP to the one at Bradshaw House.

- 5.4 To mitigate against this to some extent, as per the requirements of the EHCH DES, the Elton Unit has been allocated to Bury PCN who are responsible for delivering care at the Unit. The current provider of the Elton Unit LCS is part of Bury PCN, retaining the working knowledge of the Unit and the requirements of the service.
- 5.5 There are several options to take forward regarding the future provision of this service which are outlined in Table 4 below:

Table 4:

Option 1	Leave the contract as it stands and recommission from 1 April 2022	Not a viable option
Option 2	Decommission the service as the current specification is a duplication of the EHCH DES and therefore is no longer required (see further points below)	Preferred Option
Option 3	Recommission the contract from 1 April 2022 and work with the provider to identify and resolve issue quickly however reluctance from the provider to engage in this service review could see a continued duplication of offer and financial investment throughout the extended contract term	Not a viable option

- 5.6 In line with Option 2, it is believed that our locally commissioned service is a duplication of the EHCH DES and therefore is no longer required and it is the view of the CCG is that the LCS for The Elton Unit is decommissioned resulting in a £78,873.60 potential reinvestment. The current contract is due to expire on 31 March 2022 and, as we have not been able to engage the provider in discussions to date, we would recommend honoring a 3 month notice period.
- 5.7 We would use this time to undertake collaborative work with the current provider, the Clinical Director for Bury PCN and the Elton Unit to determine the support needed by the Unit beyond the offer of core general practice and that within the ECHC DES which would include the cost of any continued support that might remain.
- 5.8 If PCCC believes there to still be an additional need, then a discussion would then need to take place about who is equipped to provide the service and where the funding for this sits as the Unit is a specialist facility and presumably therefore should include specialist clinical input. PCCC should also note that the value at which this contract is commissioned is incorrect, therefore should the decision be made that it should remain either in whole or in part, the value would need to be renegotiated in line with any additionality agreed.

6 Risks

- 6.1 The provider is concerned that there will be a loss of continuity of care and a reduced service could harm the patients with complex needs at both sites however, the paper demonstrates that patients at both sites would continue to receive care via core general practice and via the EHCH DES.
- 6.2 The provider also expressed concerned that the loss of revenue could make the practice

vulnerable and possibly unsustainable adding that they have significant deprivation and a high demand from patients with alcohol, drug, mental health issues. There has been no comparative work to establish the validity of this statement in comparison to other practices.

- 6.3 Whilst the Elton Unit and Bradshaw House LCS are both commissioned from the same Provider and decommissioning of the services would result in a financial loss to the provider of £119, 517.60, it should be noted that some of this loss will be mitigated by the additional income from the EHCH DES.
- 6.4 It should also be noted that the Paediatric Venepuncture LCS, also delivered by this Provider, is currently undergoing a separate system review and, if it is recommended that this service to also be decommissioned, it would result in a further financial loss of £24, 395.50.
- 6.5 In light of the providers comments about the practice sustainability without these contracts, this would need a separate review, evidenced accordingly and should not be a contributing factor to the continuation of either the Bradshaw House or Elton Unit contracts given the duplication of funding and provision currently in the system.

7 Any monies identified as a result of decommissioning

- 7.1 It is the intention that any funds released as a result of decommissioning these services are to be reinvested back into primary care. We will work with the GPLC to identify the best value for money option.
- 7.2 Should the PCCC not agree with the decision to decommission the Elton Unit LCS, then a full contract review will still be required to identify any additionality above the EHCH and associated contract value.

8 Actions Required

- 8.1 The PCCC is asked to:
 - Receive the paper being presented
 - Approve the decommissioning of Bradshaw House LCS
 - Consider funding 3 month notice period for Bradshaw House LCS
 - Approve the decommissioning of Elton Unit LCS
 - Consider funding 3 month notice period for Elton Unit LCS
 - Allow the General Practice Leadership Collaborative (GPLC) to provide a recommendation for the reinvestment of funds released via the decommissioning of the services back into primary care

Rachele Schofield
Senior Commissioning Manager, Primary Care
March 2022

Appendix 1



201720-Bradshaw
House.docx

Appendix 2



201720-Elton
Unit.docx

Service Specification

Additional Service - Care of Residents of Approved Premises

1. Introduction

The Approved Premises sector of the National Probation Service provides accommodation and enhanced supervision for particular offenders, for one of the following reasons:

- A condition of bail from the criminal courts
- A condition of residence as part of a community order
- A central condition of an offender's conditional release from prison

All these offenders are subject to stringent oversight from the Probation Service. They are expected, as a condition of their residence, to participate in any activity, which seeks to address their offending behaviour, are subject to curfews as directed by probation staff, and are, expected to report as instructed to their probation officer.

The aims and objectives of the Probation Service are to protect the public from harm, to reduce reoffending, and to rehabilitate offenders. The profile of offenders placed in the approved premises is such that they have or are likely to have caused harm to the public, or are at high risk of reoffending.

A number of residents are either Prolific or other Priority Offenders (PPOs) or subject to Multi Agency Public Protection Arrangements (MAPPA) but all are high risk offenders.

PPOs tend to have drug issues, whereas MAPPA cases tend to have more problems with alcohol. Offenders living in hostels have led chaotic lives; tend to have complex needs (low literacy and numeracy skills, poor cognition and decision making, drug and alcohol problems and mental ill-health). They may be survivors, as well as perpetrators of abuse. In addition to their health needs, they will also have employment and training needs.

2. Service Outline

The Care of Residents of Approved Premises Service requirements include the following:

- Every resident will be given the opportunity to register with the Provider on arrival at the hostel. If appropriate, some patients may wish to stay registered with their current General Practitioner. This registration will be seen as permanent, with the expectation that the resident will register with a new GP at the end of the period of the residency. If the individual remains within the area, there is no expectation or obligation that s/he will remain with the provider. This would depend on local circumstances.
- The Approved Premises will assist in arranging access to, and transfer of, health records from prison facility or other health provider in support of the Provider. The Patients Registered GP records will be transferred by standard procedure.
- Each resident will be able to access general medical services and mainstream healthcare provision.
- When the patient arrives at The Approved Premises, they will complete a registration form and consent to share information. This will be faxed to the Provider which will then allow the Provider to register the patient.

- The Approved Premises will provide a risk score for the patient (Low, Medium or High) in relation to healthcare workers and females. If the risk is deemed as Medium or High then the Provider will liaise with the hostel gathering further information and agreeing a mutual plan taking the safety of staff and patients within the centre into consideration.
- Upon arrival at the Approved Premises, an initial GP appointment and 'New Patient Health Check' will be booked as part of the induction arrangements of the resident's arrival at the Approved Premises (usually within 2 working days of the patient registration form being received by the Provider). This is to detect serious risk of suicide or self-harm and any continuing health needs. The Provider should respond to any concerns caused by this initial screen quickly, the speed to be agreed after local discussion. The 'New Patient Health Check', will be GP Led.
- All Patients will be reviewed as clinically required.
- The Provider will review the resident's immunisation history and offer appropriate immunisation e.g. hepatitis B, hepatitis A and catching up on immunisation such as MMR.
- The Provider will provide services according to need or as seen as appropriate, either in primary care or by referring appropriately.
- The Provider will support the Approved Premises to develop a close working relationship with a local pharmacy to enhance communication and continuity of patient's care providing Electronic Prescribing Services (EPS) wherever possible.
- The Provider will work as part of multidisciplinary arrangements on risk assessment of an individual's placement in the Approved Premises (particularly in the management of re-offending). This will, in line with usual information sharing arrangements, be done on the basis of needs to know and, other than in exceptional circumstances where there is a significant risk to patient safety or the public interest, relevant medical information will only be shared with the valid consent of the resident. The Provider will be responsible for the transfer of the medical record, paper and electronic, to any future practice with which the Patient may register;
- In the majority of cases, and where appropriate, the Patient will attend the Providers Premises with support from staff at the Approved Premises

It is expected that residents will be able to consult the Provider in the same way as other patients in the surgery, with due regard given to any risks particular individuals may pose to staff. Please note Patients who are violent to staff can be referred into the Violent Patients Scheme, as with any other Registered Patient.

3. Aims

The Care of Residents of Approved Premises Service aims to enable the Provider to provide enhanced support to this particularly vulnerable group.

4. Service Monitoring and Evaluation

- For payment purposes, audit data will be collated and anonymised and submitted quarterly on an excel spreadsheet.

5. Key Performance Indicators

- The Provider will maintain a list of all patients cared for under this additional service agreement.

- The Provider will be responsible for recording information in the Practices Medical Record, a copy of which can be shared with the Approved Premises if requested and deemed appropriate with the patients consent given.
- The Provider should ensure that a GP review and 'New Patient Health Check' is completed within 2 days of the patients' registration form being received by the Practice.

Below is an example of the information Bury CCG will request from the Provider:

The Provider will need to complete a claim form each quarter which will include:

- Date registration form received and date of GP review and 'New Patient Health Check'
- The number of patients at the Approved Premises who are registered with the Provider
- Details of any significant events/adverse reactions/clinical incidents which involve any aspect of this additional service

6. Payment

Block payment of £40,644.00 based on an estimated activity of 100 referrals per annum

7. Duration and Notice Period

- The Additional Service for the Approved Premises will be provided from 1st April 2017
- Additional services are subject to annual review in order to reflect local commissioning needs as well as any agreed changes to the national GP contract.
- Bury CCG may withdraw the Additional Service from the Provider with 4 weeks' notice if areas for concern have been identified. Should the Additional Service be required to be withdrawn for other reasons then a 3 month period would be agreed.

8. Practice declaration:

The Provider has understood the terms of the Additional Service and is seeking to provide a service on this basis. If commissioned the Provider will adhere to the terms of the contract and provide the monitoring information as specified.

Signed on behalf of Practice

Name (Print).....

Date.....

Signature.....

Signed on behalf of the CCG

Name (Print).....

Date.....

Signature.....

Service Specification

Additional Service - The Elton Unit, Walshaw Road, Bury, BL8 3AS

1. Introduction

- The aim of the Additional Service is to provide enhanced medical services to The Elton Unit residents.
- Improve patient's health and quality of life by providing patient-centred, systematic and on-going support through more intensive GP practice management. It will also address end of life care and aims to reduce unnecessary hospital admissions from this population.
- Reduce the reliance on secondary care services with the increased/structured provision in the care home.
- Support and inform the work of The Elton Unit staff allowing them to request GP practice support more appropriately, through educational approaches to help build confidence within the home.
- It is envisaged that, whilst allowing for patient choice the residents within The Elton Unit may wish to register with a single local practice.
- The Provider is expected to provide essential services and those additional services that they are contracted to provide to all their patients. This specification is designed to cover the enhanced aspects of the clinical care provided to the patient, all of which are beyond the scope of essential/additional services already provided. No part of the specification by commission, omission or implication defines or re-defines essential or additional services.

2. Service Outline

To develop a patient-centred approach to the delivery and continuity of care for the patient's, thus improving the quality of care through:

- The Provider to ensure regular routine contacts with the home which can include home visits and telephone consultations.
- The Provider will attend the team meeting at the Unit every 2 weeks
- The Provider will be notified by the Unit of when a new admission is due to arrive, with a minimum 2 day notice period.
- The Unit will complete the necessary registration forms prior to the admission date so that the provider can register the patient as permanent on to the clinical system.
- The Provider and Unit will agree a date and time for the provider to attend the unit to clerk the patient in.
- The Provider will develop a close working relationship with the Unit staff and develop clear lines of communication, during opening hours, including a dedicated telephone number.
- To support communication between the Provider and the Unit, both parties will be asked to provide an individual contact name/email address.
- The Provider will continue to offer all the relevant elements set in the QOF contract if clinically appropriate, however due to the nature of the injuries it may be more

appropriate to exempt particular patients. This will be looked at on an individual patient basis each year.

- The Provider will agree with the Unit appropriate protocols for requesting prescriptions and home visits.
- The Unit Manager will discuss with their patients, including their family/carers where appropriate, the choice to remain with their registered GP or to transfer to the Provider who is delivering this additional service. The pros and cons will be explained to the patient and their family/carers who will then be given time to make their decision. Patients who wish to remain with their original GP practice will continue to receive levels of care as previously from their practice. No patient will be coerced into changing GP practice.
- All new patients admitted to the Unit, who are not registered with a GP within the locality of the Unit, will, with the patients agreement following carrying out the above choice exercise, automatically be registered under the care of the Provider. Where the resident's GP has changed, the Unit should ensure that the patients family are notified of the change and given the name and contact details for the new GP

The Provider will be required to:

- Maintain a register of patients cared for in the unit under this agreement.
- Demonstrate that it can and does work across disciplines and is committed to developing a more integrated approach to provision.
- In the event that a patient is admitted to secondary care, the additional services would require the Provider to consider this as a significant issue and undertake a review which identifies the outcome of the admission and subsequent discharge.
- Provide documentation such as medication reviews, to be made available as and when requested to ensure paperwork up to date and recorded in patients notes.

At each 2 weekly team meeting the GP will review:

- Any patient about whom the staff have concerns
- Any patient discharged from hospital in the last 2 weeks
- Any patient about whom the Unit made contact with A&E or emergency services, such as BARDOC, in the last 2 weeks
- Any patient about whom a family member or other person actively involved in their care has directly contacted the Provider
- All new patients regarding medication and any immediate problems

3. Aims

The aims of the service are as follows:

- To provide access to regular primary medical services tailored to the needs of the individual Unit residents.
- To promote effective clinical care in the care home environment.
- To reduce the number of unscheduled admissions and re-admissions to hospital from the care home.

- Improve support for staff working within the care homes.
- Help to facilitate more integrated working across partner organisations.
- Use shared education as a positive lever for change.
- To reduce the number of non-routine contacts required as a result of the enhanced care being provided.
- Where there are concerns about a patient in between planned contacts, the Unit is encouraged to seek telephone advice from the Provider.

4. Service Monitoring and Evaluation

- For payment purposes, audit data will be collated and anonymised and submitted quarterly on an excel spreadsheet.
- Bury CCG will monitor activity to pilot the effectiveness of enhanced care in improving quality of life and on reducing emergency admissions.

This will include:

- Audit of hospital admissions, use of accident and emergency and OOH service.
- Audit of prescribing costs to understand any practice prescribing issues that may arise.
- Regular review meetings held with the Unit Management Team to ensure compliance with the agreed criteria.
- The number of patient review/care plans completed by the practice.
- The number of contacts to a home in a month both routine and non-routine.

5. Key Performance Indicators

Activity Monitoring

- The Provider will maintain a list of all patients cared for under this additional service agreement.
- The Provider will be responsible for recording information in the Practices Medical Record, a copy of which can be shared with the Unit if requested and appropriate.
- The Provider should ensure that a medical review has taken place and the outcomes of this review should be recorded in the Patient notes.
- Clinical assessments will be carried out on all contacts requested on that working day if clinically appropriate

Below is an example of the information Bury CCG will request from the Provider:

The Provider will need to complete a claim form each quarter which will include:

- Dates, times and name of GP who has attending the 2 weekly team meetings
- The number of patients in Unit registered with Provider
- The number of new patient assessments undertaken in the preceding quarter
- The number of patients seen outside of the team meeting in the preceding quarter
- Details of any significant events/adverse reactions/clinical incidents which involve any aspect of this additional service

6. Payment

Block payment of £78,873.60 based on an estimated activity of 48 patients per annum

7. Duration and Notice Period

- The Additional Service for the Approved Premises will be provided from 1st April 2017
- Additional services are subject to annual review in order to reflect local commissioning needs as well as any agreed changes to the national GP contract.
- Bury CCG may withdraw the Additional Service from the Provider with 4 weeks' notice if areas for concern have been identified. Should the Additional Service be required to be withdrawn for other reasons then a 3 month period would be agreed.

8. Practice declaration:

The Provider has understood the terms of the Additional Service and is seeking to provide a service on this basis. If commissioned the Provider will adhere to the terms of the contract and provide the monitoring information as specified.

Signed on behalf of Practice

Name (Print).....

Date.....

Signature.....

Signed on behalf of the CCG

Name (Print).....

Date.....

Signature.....